

RECEIVED
IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

2017 APR 17 PM 1:29

Carrolet Thomas

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

The University of Tennessee Health Science Center
The University of Tennessee
The State of Tennessee

(Enter above the full name of the defendant
or defendants in this action.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in the institution? _____

Yes () No ()

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? _____

Yes () No ()

C. If your answer is Yes: _____

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Carrolet ThomasAddress 1220 Overton Park Ave. #12, Memphis, TN 38104

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank.

Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant The University of Tennessee Health Science Center is employed as Student Affairs
at 910 Madison Ave, Memphis, TN 38163C. Additional Defendants: The University of Tennessee Knoxville, State of Tennessee, Magellan Partners For Health (EAP), Eyes For You, Baptist Remmons Wilson Center For Good Grief, HealthQuest, Lakeside Behavioral Health System, Ashleigh Brock, JD, etc. - (See attached)

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

My HIPAA (Health Information Portability and Accountability Act of 1996) Rights were violated by many people, in many places, many times. I filed complaints with the Office For Civil Rights in Washington D.C. but was not given due process. I also had Congressman Steve Cohen's Office contact the Office For Civil Rights on my behalf and did not receive any response.

Defendants list is attached.
Exhibits with details will be provided on a later date.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.

Cite no cases or statutes.


I am seeking personal justice with monetary damages
included. Also, I want my life back, as I am under personal
illegal surveillance, without cause, for three years almost.

VI. Jury Demand

I would like to have my case tried by a jury. Yes ☒ No ().

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 17 day of April, 20 17.



(Signature of Plaintiff/Plaintiffs)

(901) 722-5677